

Faith Formation Registration-one per child

Child's Name _____
 Child's Address _____
 Child's Cell Phone (optional) _____
 Child's Birthdate _____
 Allergies or medical conditions _____

Father's Name _____
 Address (if different) _____

 Phone _____ Cell _____
 Email Address _____
 Place of Employment _____
 Religion _____

Mother's Name _____
 Address (if different) _____

 Phone _____ Cell _____
 Email Address _____
 Place of Employment _____
 Religion _____

Sacrament	Date	Location
Baptism		
Communion		
Confirmation		

My child has permission to be contacted on their cell phone ____yes ____no
 My child has permission to be photographed ____yes ____no

Parent Signature _____

_____ 2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022 _____ 2023

_____ Grade _____ Grade _____ Grade _____ Grade _____ Grade _____ Grade